

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Elua, LLC	CHAPTER 100.1
Address: 45-225 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 20, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21 MAY 11 PM 2:30
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer for checking cold and hot foods.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, PCG bought a metal stem thermometer for checking cold and hot foods</p>	<p>04/21/2021 RW</p> <p>21 MAY 11 PM 12:30 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer for checking cold and hot foods.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will make sure there is a metal stem thermometer on hand at all times. ALL SCG's are trained on how and when to use it. PCG added a column to the refrigerator temperature log for SCG's to check and initial daily making sure metal stem thermometer is in drawer.</p>	<p>5/4/2021</p> <p>rw</p> <p>21 MAY 11 PM 2:30</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the nutritional supplement ordered on 4/6/21 was clarified to include the specific supplement product and dosage.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. PCG sent order to clarify specific supplement product and dosage to resident's PCP on 4/20/2021.</p>	<p>04/20/2021 RW</p> <p>21 MAY 11 PM 12:30 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 – No monthly weights for April 2020 to August 2020 and October 2020.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(E) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be an adequate system of communication to summon help in case of fire or other emergency. This shall include telephone service. Inside stairways shall be provided for communication between floors within the Type I ARCH. All rooms utilized by the Type I ARCH, under the same roof, shall be connected by interior doors. The communication system shall assure prompt contact with care givers;</p> <p><u>FINDINGS</u> Room #3 – call light not working</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. Owner/Director called Fire Management and Island signal and sound on 4/20/2021 to come out and fix it. Bathroom call light is currently in the process of being fixed. Resident currently has a substitute call bell to use until call light is fixed.</p>	<p>5/4/2021 rw</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 MAY 11 PM 2:31</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Nutrition care plan was not developed for resident with nutrition risks – modified texture diet (chopped), nutritional supplement, low BMI (underweight), and weight loss.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes. PCG notified resident's CM. CM has created a care plan to address resident's nutritional needs.</p>	<p>04/20/2021 TW</p> <p style="text-align: right;">21 MAY 11 PM 2:31 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Taylor Weeks

Print Name: Taylor Weeks

Date: 05/04/2021

21 MAY 11 PM 2:31
STATE OF HAWAII
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